

They want to kill you – Here's how they'll do it

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This is the scariest video you'll ever watch. You probably won't see or read any of this anywhere else. And as usual, it's all true. I'm going to tell you how they're going to persuade you to kill yourself. And if they don't succeed in getting you to commit suicide, then I'm going to tell you how they're going to kill you. This is scary. It's taken me weeks to put this together and I still find it disturbing.

Dr. Vernon Coleman: [They Want To Kill You \(Here's How They'll Do It\)](#), 11 April 2024 (27 mins)

Transcript

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It is April 2024 and welcome to video 335.

I said in my last video that I was taking a break and I meant it. However, something else has come along that I have to warn you about.

Euthanasia. Suicide by doctor.

Euthanasia is being promoted as offering dignity and control.

But in a growing number of countries all over the world, the same lies are told.

Everything you think you know about euthanasia is almost certainly wrong.

Euthanasia is about saving money, collecting organs for the super-rich, killing disabled children, killing the mentally ill and reducing the money spent on caring for the poor and the disabled and patients in pain. Euthanasia isn't painless and it's all about saving money and harvesting organs for the rich.

You think I'm exaggerating?

Well, they killed one man because he was deaf. They've already killed people who were poor. And they've killed people who tried to change their minds. Euthanasia victims have died screaming – struggling to live. They'll kill children who say they want to die – without their parents' permission.

Euthanasia victims are listed in the official statistics according to whatever disease they had last. So, someone with diabetes who is euthanised will have died of diabetes and not of euthanasia. This is the same trick they used to pretend that covid was killing millions.

Remember, early in 2020 I pointed out that the rules and the PCR test allowed the authorities to label patients as covid deaths when they'd actually been run over by a bus or killed by an axe-wielding madman.

They won't let me tell you about this on YouTube, on Facebook on Twitter or anywhere else except here on my BitChute channel and on my website <http://www.vernoncoleman.com>.

I am banned from every other form of media there is. Joe Biden's White House even tried to get one of my books banned. No one was allowed to report that.

Today, euthanasia is already legal in Belgium, Canada, Luxembourg, Netherlands, New Zealand, Spain, Colombia and parts of Australia as well as Switzerland and some States in America.

A disabled woman in Canada was offered a place on her nation's euthanasia programme because it was easier than adapting her home to her needs. A Canadian man who was facing eviction from social housing was accepted into the country's euthanasia program. A mother was accused of selfishness when she wouldn't allow them to kill her disabled but life-loving daughter.

For nearly 60 years I have chronicled the deceits of the medical profession and the drug industry.

In February and March 2020, I warned that there was no pandemic, just the flu with better than average marketing. I warned that old people would be targeted – which they were. I also warned then about the vaccine that was coming and that would be as compulsory as they could make it. That was many months before there was a covid vaccine – which was, of course, as predicted, just another part of an ongoing programme of corruption, deceit and killing. I was the first in the world to reveal the side effects of the covid vaccine.

Now, they are ready for the next stage: death by doctor.

This is what the conspirators have been working towards for decades.

They're preparing to turn the world into one big Jonestown.

Euthanasia or death-by-doctor is the most evil, cold-blooded massacre since Genghis Khan made genocide fashionable.

They're planning to kill children without telling their parents. They're planning to kill anyone who can't look after themselves. They're planning to kill anyone classified as disabled. And in case you haven't noticed they've been busy expanding the list of people who are now officially classified as disabled. They're planning to get rid of hospices and to abandon palliative care because it's much quicker and cheaper to kill people than it is to care for them.

Forget the self-serving myth that euthanasia is painless and dignified.

There are no standardised methods for euthanasia and so, as a result, there are frequent cases of prolonged and distressing deaths. Patients being euthanised vomit, wake up from comas and can take up to seven days to die. No one knows what to do if an initial attempt at euthanasia fails. What should be done if a patient is semi-conscious? Should another attempt be made to kill them?

The same drugs which are used for killing prisoners on death row are sometimes used to kill patients who have consented to euthanasia. But if paralysing drugs are used, the patient appears calm, peaceful and quiet – but that doesn't tell us what the patient is experiencing.

Unlike with prisoners, monitors are not used when a patient is being killed. This means that there is no evidence about what is happening.

Experts fear that patients being killed may suffer intolerable, unbearable physical or psychological pain.

The relatives of a woman in her 30s heard screams when she was supposedly being euthanised. The woman was suffocated with a pillow after drugs failed to kill her.

An elderly, demented woman in Belgium was euthanised after her family decided that she should be killed. The doctor laced her coffee with her sedatives – while she was chatting with her family. The doctor gave another sedative by injection. The woman then stood up. Family members held her down while the doctor injected her and killed her. Judges declared that "the doctor did not need to verify her wish for euthanasia."

In his new book, Jack King reports that complications which have been recorded during euthanasia include: vomiting, tachycardia, sweating, gasping. One patient became unconscious 25 minutes after swallowing lethal medication but woke up and regained

consciousness 65 hours later.

Lethal injections cause severe pain, a sensation of drowning and quiet, unspoken terror in the overwhelming majority of cases.

A woman needed a wheelchair ramp in her home. Her caseworker offered her a medical-assisted death instead.

A student went to hospital for help with her debilitating feelings of depression and hopelessness. The staff member she saw told her that psychiatrists were in short supply. “Have you considered euthanasia?” she was asked. A hospital spokesman said that the hospital had followed protocols.

A 61-year-old woman suffered from depression after a concussion sustained in a car crash. She was offered, and accepted, death-by-doctor as an alternative to treatment.

A 61-year-old Canadian was killed by a lethal injection in 2019. His health problem was hearing loss. No medical personnel contacted his relatives “out of respect for patient confidentiality.”

A man with a degenerative brain disorder was offered euthanasia so often that he began recording hospital staff. In one recording, a hospital ethicist told him that his care was costing the hospital “north of \$1,500 a day” and asked if he had “an interest in assisted dying.”

A woman took her daughter to a hospital emergency room. Unprompted, the doctor informed the woman that her 25-year-old daughter, who has cerebral palsy and spinal bifida, was a good candidate for euthanasia. When she said “No,” the doctor called the mother selfish.

Euthanasia is being offered to the mentally ill. Since there is now a major global epidemic of mental illness and general misery, this is a perfect background for selling euthanasia.

And they’re killing children.

Naturally, the world being what it is these days, the authorities will not tell the parents of those children what is being planned. The parents will only know after the event. They’ll get an email. “You may have noticed that your 12-year-old son did not come home from school today. This is because he enrolled in our Suicide for Students programme and we helped him to kill himself this afternoon.”

How many children (and particularly teenagers) do not sometimes wish they were dead?

“My boyfriend has broken up with me. I wish I were dead.”

“I’ve been bullied on Facebook so much. I wish I were dead.”

“No problem, here at the Justin Trudeau Let’s Kill the Children centre we can deal with that for you. Like Mr Trudeau himself, it’ll just be a little prick. Just put your satchel and your lollipop down, lie down and your problems are over forever. We’ll ring your mum and dad later and tell them that you won’t be coming home. They can collect your body from the Justin Trudeau Morgue.”

The incidence of state-sanctioned suicide is soaring – though as I’ve explained they fiddle the figures.

Millions of younger people have been encouraged to regard every moment of temporary unhappiness or disappointment as a sign of a serious mental disorder. Doctors in the UK are now writing nearly 500,000 prescriptions for powerful, largely unsuitable antidepressant drugs to be given to children.

This is a perfect background for selling euthanasia.

The media has created fear and sadness and a sense of powerlessness and worthlessness. They have created the concept of a life not worth living.

Is it really a coincidence that the subject of euthanasia is being promoted heavily by the media and by politicians at the same time as fear levels are at their highest for a very long time?

And physical disabilities now merit euthanasia too.

Back in 2010 the British Government quietly changed the legal definition of disability. Lots of people thought this was kind of them.

You are now automatically classified as disabled (and, therefore, likely to be a suitable candidate for euthanasia) if you have, among other many things:

- Any visual impairment
- Any physical or mental impairment
- Any difficulty in communicating with other people
- Any difficulty in filling in forms
- Any difficulty in preparing and eating food
- Any difficulty in sitting down or standing up
- Any difficulty in using a computer
- Any difficulty in getting washed and dressed

- Any difficulty in following instructions
- Long covid – even though it doesn't exist
- Menopause
- ADHD, autism, dyslexia

Millions welcomed the change. The disabled can be permanently off work and receive benefits. But disabled people are candidates for euthanasia, whether or not they are willing to be killed.

Campaigners speaking on behalf of the disabled have for many decades warned that the legalisation of assisted suicide would lead to society devaluing the lives of people who are disabled or elderly. The usually unspoken fear was that patients would be made to feel guilty if they didn't kill themselves (or allow themselves to be killed).

It's happening.

Death is seen as a viable alternative to costly and inevitably futile medical treatment.

A paper in Canada concluded that Medically Assisted Death could dramatically reduce annual health spending.

Vulnerable people will be killed (or will be expected to do a Captain Oates to save money and resources).

One-third of those taking part in Canada's euthanasia programme perceived themselves to be a burden on their family, their friends and on their caregivers. Many worried about the amount of money that was being spent on caring for them.

Unsurprisingly, euthanasia is rapidly becoming one of Canada's fastest-growing causes of death.

A woman who was living on disability payments and who had failed to obtain affordable housing ended her life under Canada's assisted suicide laws. "The Government sees me as expendable trash," she said.

Canada's Supreme Court ruled that the previous law which excluded people with disabilities from the death-by-doctor scheme was unconstitutional.

Amazingly 27% of Canadians believe that euthanasia should be expanded to include people who aren't ill but who are poor. And 28% of Canadians would offer "death by doctor" to the homeless.

Euthanasia was supposed to be offered only to people who were terminally ill. But who knows what is incurable and what isn't? A cure may be just around the corner. The patient's problem may disappear without treatment. The diagnosis might be wrong. The doctor may not be aware that a cure is available. An available cure may be deemed too expensive. I've known patients diagnosed as having weeks to live who were still alive a decade later.

With mental health problems, the worries are even greater. But there won't be a chance for a better day. The sensitive and the vulnerable will be dead.

The elderly are being killed off first, of course, being made to feel guilty if they don't submit to euthanasia. Conditioning, propaganda and predictive programming are all being used to promote the idea that older citizens have a duty to die when they reach 70 years of age.

Enthusiasts like to claim that doctor-assisted suicide is essential because people are living longer and, as a result, the global population of elderly people is growing out of proportion. The only sensible thing to do, the argument goes, is to kill off the excess old people to preserve space and resources for the young.

As I first explained back in the 1970s, that's a myth.

Improved sanitation facilities and better drinking water supplies meant that the number of babies dying – and the number of women dying in childbirth – fell dramatically at the end of the 19th century and the start of the 20th century. That is what has resulted in a bigger population and more old people.

Life expectation for adults has not risen appreciably during the last century. Take a look at my book 'How to Live Longer' for the proof.

So why are so many countries legalising death by doctor?

One reason is that a bunch of conspirators claim that it is necessary to reduce the size of the global population. They want to cut the world's population down to 500 million. There is plenty of food to feed billions more. But much of the food is in the wrong place at the wrong time.

The conspirators have two fundamental policies: "End global poverty by killing all the poor people" and "End disease by killing all the sick."

You have to follow the money if you want to find the truth.

The disabled and the elderly are now widely regarded as of little or no financial value.

And then there are pensions, of course.

Many of those who receive State pensions believe (quite erroneously) that the money they have paid in taxes has been put aside to pay their pensions. But pension programmes are simply huge Ponzi schemes. State pensions are paid out of today's taxes. In twenty years' time, pensions will be paid out of the taxes which are paid by workers in twenty years' time. If the size of the aged population can be cut, the annual savings will be measured in billions of dollars.

After thousands of elderly people were murdered in hospitals and care homes during the lockdowns – remember I called it murder at the time – politicians boasted with glee that the financial savings, in unpaid pensions, would be huge. The more people they kill, the more money they'll save.

The pro-euthanasia programme has nothing to do with reducing pain or distress: it is all about saving money.

It is a lot cheaper to kill people than it is to provide palliative care.

Take a look at what is happening in Holland.

The advocates of killing-by-doctor in Holland don't like to use the word "kill," of course. They much prefer anodyne phrases such as "physician-assisted suicide" or "aid in dying." You can call it "medically assisted suicide" or "death with dignity." But don't call it killing or murder. They've mastered the art of state-approved slaughter.

Doctors will kill people of any age and they will kill people who are demented or depressed or who have long-term, chronic disorders. An 18-year-old with psychiatric problems was killed by doctors.

They will, indeed, kill just about anyone. They'll even kill you if you are just "tired of life." A petition, signed by a number of prominent Dutch citizens, has suggested that euthanasia should be available to everyone over the age of 70 who feels a bit worn out.

Plans were announced for a law that would allow "assisted suicide" if a patient "felt that they had completed their life" (whatever that means). It was said that the needs of older people should be met if they were struggling with mobility problems, a loss of independence, fatigue or loneliness. Meeting their needs shouldn't involve walking sticks, wheelchairs, dietary help or companionship but death-by-doctor.

Way back in the 1990s, a 50-year-old social worker felt so miserable that she said she wanted to die. So, her doctor gave her a glass of poison to drink. And she duly died.

Today, they'll kill you if you are demented or have an existential problem you can't cope with. They'll kill you if you are lonely or depressed or not much use.

Older patients are deprived of food, water, diagnosis or medication. And then, when they feel pretty damned uncomfortable and miserable, they're offered a death pill.

"You've had a long life, why are you hanging on when your time is up? You're using up valuable resources."

And they'll kill children as young as 12 years old.

The enthusiasts promoting "death by doctor" in Holland now even have an "Euthanasia Week" where they can share propaganda promoting euthanasia.

Individuals can make a "Living Will" or "Advance Directive" in which they sign up for euthanasia at some future time. Don't try to change your mind because living wills are legal documents which cannot be easily rescinded.

One patient fought back while doctors were giving her a kill shot. The relatives held the patient down while the needle went in. The patient was screaming as well as fighting. Courts later cleared the doctors (and presumably the family) of any crime.

And look again at what is happening to hospices and palliative care around the world. Funding for both is disappearing. There's plenty of money for gender displacement clinics but none for hospices or palliative care.

Hospices have to find three-quarters of their funding themselves. Just imagine the outcry if, for example, infertility services or cosmetic surgery clinics relied on jumble sales, car boot sales, bucket collections and charity shops to survive.

The aim is clearly to reduce palliative care just as the availability of euthanasia is increased. The same thing is happening all around the world.

What the world desperately needs, of course, is more mobile palliative care services with doctors and nurses available to visit patients who are dying and who are in their own homes.

But the opposite is happening.

Just a few decades ago, doctors in Britain visited their patients at home during the daytime, during the evening, at weekends and on bank holidays. Nowhere in the world was there a better 24-hour-a-day GP service than in Britain. Today, the average GP earns well over

£100,000 a year with a £50,000 vaccine bonus and works just 25 hours a week. Accountants and librarians work longer hours than GPs.

Health care in Britain has been destroyed by this. There is more untreated illness and more people are suffering from chronic illnesses and suffering unnecessarily. Patients have little alternative but to call for an ambulance or visit their nearest Accident and Emergency hospital department. Many of these patients have problems which could be dealt with by a GP in five minutes but the vastly increased pressure means that the average waiting time for an ambulance has gone in many areas from minutes to hours, and in Accident and Emergency departments patients wait days to be seen. It is now by no means exceptional for patients to die while waiting to be treated. Last year over 100,000 people over 70 waited more than 24 hours in A and E.

The result is that millions of people are on never-ending waiting lists.

And many never get there. Turn up at a hospital, in an ambulance and sedated and they'll offer you instant death instead of hours of waiting and pain.

The same deterioration has taken place around the world and it has led to a dramatic increase in the number of people agreeing to have Do Not Resuscitate notices placed on their medical records and accepting euthanasia as the only viable option.

And there is one other reason why the establishment is so keen on euthanasia: it will release a good many organs for use. If people are left to die naturally, their organs will deteriorate and begin to rot but if they are killed at the right time, their organs can be harvested in good condition – as they're needed.

Organ donation started out as optional and voluntary but has become the default position with citizens having to opt out of giving their organs – possibly while they would like to be still using them.

There is no little irony in the fact that patients being encouraged to die might themselves be saved if they were considered important enough to be treated as organ recipients rather than as organ donors.

Doctors have been told to suggest organ donation as, if not an incentive, a kind of "consolation" for the person's own loss of life.

Since organ transplantation is extremely expensive, and health services are cutting costs, it is inevitable that the organs taken from patients who have been murdered by the State will be reserved for politicians and billionaires.

Euthanasia is now global. In America, death-by-doctor is being pushed by politicians, lobbyists and lawyers. Death-by-doctor is being sold as freedom, as a choice, as a human right.

The right to die has become the duty to die. In Oregon and Washington, well over half of the requests for assisted suicide cited “feelings of being a burden” as significant reasons for their requests.

Just how enthusiastic would anyone be if doctors simply shot their patients in the head instead of injecting them? Doctors agree that the quickest, simplest, most painless, most dignified and cheapest way to kill people is to shoot them in the head.

Or maybe gas chambers could be introduced. They are cheap and effective and can be used to kill a number of people at a time.

Suicide by doctor isn’t legal yet in the UK but the Brits have had an excellent substitute. Back in the 1990s something called the Liverpool Care Pathway was introduced. This allowed doctors and nurses to kill anyone over 70 whom they didn’t like by the simple expedient of not giving them food or water.

Years ago the Liverpool Care Pathway was put out of bounds as being unethical, painful, distressing and wicked. But doctors and nurses still use it. And speed it up with a kill shot of morphine and midazolam. This was very popular during the covid fraud and was used to free up whole hospital wards so that nurses and doctors could get on with rehearsing their TikTok dance steps.

And then there were the Do Not Resuscitate (“DNR”) notices which I have warned you about many times over the years. DNR notices have been put on patients’ notes without their permission and even against their wishes.

Euthanasia, supported by the media, will be legalised in the UK very soon.

Who will decide who can or should die? Will it be patients themselves, relatives, nurses, social workers or just any old neighbourly busybody? Suicide has gone from illegal to optional. How soon will euthanasia become compulsory and for whom?

When euthanasia is made legal worldwide then Pandora’s Box will be open. And no one will ever be able to close the lid. The laws are always extended to include people who are deaf or diabetic or 16 and feeling fed up with the world.

Who is going to be trained to help with euthanasia?

The problem, of course, is that good, caring doctors and nurses are trained to keep people alive and refuse to kill their patients. Most hospices refuse to have anything to do with euthanasia.

This will leave patients in the hands of people who are not experts in end-of-life care or of pain management.

Either euthanasia will be provided by a small group of itinerant doctors who will travel around the country killing patients they don't know – the modern equivalent of the professional hangmen who used to travel around with a supply of rope.

Or euthanasia will be provided by technicians who have as little as six hours of online training. I suspect that many of the people who will be attracted to work as hired killers will be psychopaths, murderers and assassins who will enjoy killing people.

Remember that the vast majority of people who, for whatever reason, attempt to commit suicide and fail, later give thanks that they have failed. With “death by doctor” that possibility is lost.

Can doctors bring up the subject of assisted death without influencing their patients? Or frightening them unnecessarily? Is it really a doctor’s job to offer to kill their patient?

If you want to know more about how they are going to kill us, please read a new book called ‘*They want to kill us*’ and it’s written by Dr. Jack King. It’s the only truly honest account of their evil plan I’ve ever read and I’ve bought copies to give away. Please do the same. There’s a link to the book in the box below. And please share this video as widely as you can.

Discussing euthanasia would make a great TV or radio debate.

But the authorities will never allow a proper debate – just as they will never allow a debate about vaccination or the covid fraud.

Unless you share this video or distribute copies of Dr. King’s book then I’ve wasted my time, mankind is lost and we’re all finished. It’s as simple as that. This video is not monetised and nor is my website.

Please remember you are not alone. More and more people are waking up. And once they’re awake they don’t go back to sleep.

Distrust the Government, avoid mass media and fight the lies.

And thank you for watching an old man in a chair. I'm old, my eyes are going, I have difficulty using a computer and I'm worried. However old you are, you should be worried too.

